

<i>SERFF Tracking Number:</i>	<i>UNLI-126802858</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47144</i>
<i>Company Tracking Number:</i>	<i>5022</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2011 ULIC Individual Std Med Supp Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2011 ULIC Individual Std Med Supp Rate Filing/5022</i>		

Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2011 ULIC Individual Std Med SERFF Tr Num: UNLI-126802858 State: Arkansas

Supp Rate Filing

TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 47144
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Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: 5022	State Status: Approved-Closed
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Filing Type: Rate

Authors: Beth Dixon, Diane Lauerma

Reviewer(s): Stephanie Fowler

Disposition Date: 10/27/2010

Date Submitted: 10/26/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2011

State Filing Description:

General Information

Project Name: 2011 ULIC Individual Std Med Supp Rate Filing

Project Number: 5022

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 4%

Filing Status Changed: 10/27/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/27/2010

Created By: Diane Lauerma

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Beth Dixon

Filing Description:

2011 Unified Life Insurance Company Individual Standardized Medicare Supplement Rate Increase Filing and Rate Certification

Due to changes in the federal Medicare program and the increasing cost of medical care, we find it necessary to adjust our rates. Enclosed are copies of an Actuarial Memorandum in support of the Company's 4% rate increase request on its individual standardized Medicare supplement policies. Please note that the policy forms affected by this filing are no

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longer marketed, therefore the rate revision will apply to in force policies only.

All of these forms are currently administered by the Unified Life Insurance Company. These policies were acquired in 2006 from National Financial Insurance Company (NFIC) and American Insurance Company of Texas (AICT), and assumed in 2008 from National Foundation Life Insurance Company. All forms have been combined for rate increase purposes.

The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state. The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

Unified Life Insurance Company is domiciled in the state of Texas.

Company and Contact

Filing Contact Information

Beth Dixon, Actuarial Services Director	bdixon@unifiedlife.com
7201 W 129th St	913-871-7321 [Phone]
Suite 300	913-871-7322 [FAX]
Overland Park, KS 66213	

Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	The Company's state of domicile, Texas, requires a \$100.00 filing fee.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	10/26/2010	41185935

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/27/2010	10/27/2010

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Disposition

Disposition Date: 10/27/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insureds shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	4.000%	4.000%	\$208	3	\$5,205	4.000%	4.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	2011 AR Exhibit I Std.pdf	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.000%
Effective Date of Last Rate Revision:	03/26/2009
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	4.000%	4.000%	\$208	3	\$5,205	4.000%	4.000%

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Rate/Rule Schedule

Schedule	Document Name:	Affected Form	Rate	Rate Action Information:	Attachments
Item		Numbers:	Action:*		
Status:		(Separated with commas)			
Approved	2011 AR Exhibit I 10/27/2010 Std.pdf	NCDMB-93-AICT New			2011 AR Exhibit I Std.pdf

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
7201 West 129th Street, Suite 300; Overland Park, KS 66213-2627

ARKANSAS
Standard Medicare Supplement
2011 Annual Premium Rate Schedule

POLICY FORM NCDMB-93-AICT

Plan Code K93DIB

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	1,555.80	1,618.03	4.0%

Modal Factors:

Semi-annual	0.5227
Quarterly	0.2682
Monthly	0.1000
Bank Draft	0.0909